

Instructions for Driver Improvement Clinic Application

1. Complete, in entirety, the application and all attachments. Do not leave any question or section blank. A Notary Public must notarize this application.
2. All owners, partners, and principal stockholders of the Clinic must answer the questions in Section II & III of the application on an additional sheet of paper. The following must be attached for each owner, partner, or principal stockholder of the Clinic.
 - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
 - b. Complete & notarized Consent for Background Investigation form. (See sample forms packet)
 - c. Copy of diploma or certified transcript. A minimum of a high school diploma or GED equivalent is required.
 - d. Fingerprint Cards
 - Complete the following information on each fingerprint card: Signature, residence, place of birth, nationality, age, date of birth, height, weight, race, color of hair, color of eyes, citizenship, social security number, etc.
 - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - An affidavit from a qualified state, county or city officer that the fingerprints are those of the applicant.
 - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation (GBI) to cover the fingerprint processing fee.
 - e. Motor Vehicle Repot (MVR) for the past five (5) years. Applicants licensed in two or more states and/or countries in the past five (5) years must obtain an MVR from these states and/or countries.

The Following Must Accompany The Application:

3. A continuous surety bond in the principal sum of two thousand, five hundred dollars (\$2,500.00) for the protection of the contractual rights of the students. The surety bond, as specified, must be written by a company authorized to do business in the State of Georgia. (Attached DMVS surety bond is required)
4. A copy of the Clinic's business license.
5. A copy of the student contract to be used by the Clinic. Student contracts must be pre-numbered in duplicate, and have the name of the Clinic printed thereon.
6. Sample copies of all forms to be used by the Clinic. This would include evaluation forms, card files, attendance forms, and any handouts given to students.
7. A fee of \$200.00, made payable to the Georgia Department of Motor Vehicle Safety. All fees should be in the form of certified funds.
8. Copy of a fire inspection report dated within 90 days of filing the application indicating no violations and verifying the facility is ready for occupancy.
9. Copy of the Certificate of Incorporation from the Secretary of State if the Clinic is a corporation.
10. A notarized certification of the adopted business name. Per Georgia law O.C.O.G. 10-1-490, any person or company operating under a trade name, adopted business name, or d/b/a name must register that name with the office of the clerk of the Superior Court of the county in which the business is domiciled. The notarized certification that is required by our department, per Rule 375-5-.04(4), is obtained from the clerk of the Superior Court. (Court may use sample form attached)
11. Copy of curriculum approval certificate from G.A.R.D.E., National Safety Council, USA/Georgia and/or American Institute for Public Safety.
12. Hours of Operation Form. (See form attached)

Before any certificate to operate a Driver Improvement Clinic will be issued, all contracts, and forms must be approved and the clinic's facility must be inspected and any violations found during the inspections must be corrected

To Knowingly Make a False Statement or Conceal a Material Fact in this Application will Result in the Cancellation of your Certificate to Operate a Driver Improvement Clinic

Mail the Application and all attachments to: Georgia Department of Motor Vehicle Safety, Regulatory Compliance Section, P.O. Box 80447, Conyers, Georgia 30013.



STATE OF GEORGIA
DEPARTMENT OF MOTOR VEHICLE SAFETY
REGULATORY COMPLIANCE SECTION
2206 EAST VIEW PARKWAY
P.O. BOX 80447
CONYERS, GA 30013

DATE ISSUED _____

DATE EXPIRES _____

ORIGINAL APPLICATION FOR DRIVER IMPROVEMENT CLINIC CERTIFICATE

Section I – General Information

1. Name of Clinic _____
2. Contact Person _____ 3. Cell Phone # _____
3. E-Mail Address _____
4. Business Address _____
5. Mailing Address _____
6. Clinic Telephone # _____ 7. Clinic Fax # _____
8. Curriculum(s) clinic is certified to instruct: **NSC** ☐ **G.A.R.D.E** ☐
USA/Georgia ☐ **AIPS** ☐
9. Is this clinic a classroom only location? **Yes** ☐ **No** ☐
10. List the instructor name, Department issued instructor certificate number, curriculum certification (i.e. G.A.R.D.E., NSC, USA or AIPS) and certificate expiration date for all instructors employed by your clinic. Please see chart below:

Name	Instructor Certificate Number	Curriculum	Certificate Expiration Date

Section II – Owner Background Information

THE FOLLOWING INFORMATION APPLIES TO THE OWNER AND/OR EACH PARTNER THAT OWNS THE DRIVER IMPROVEMENT CLINIC, OR THE PRESIDENT OF AN ASSOCIATION, OR CORPORATION THAT OWNS THE DRIVER IMPROVEMENT CLINIC. (Make copies of this page if needed)

1. Full Name _____ Title _____
2. Legal Residence Address _____
3. Mailing Address _____
4. Home Telephone # _____ Work Telephone # _____
5. Cell Phone # _____ E-Mail Address _____
6. Occupation _____
7. Are you, your spouse or dependent children (including stepchildren) an employee of the Department of Motor Vehicle Safety? **Yes** ☐ **No** ☐ If so, please explain below:

8. Are there any proceedings now pending against you relative to any crime, misdemeanors, or other violations? **Yes** ☐ **No** ☐ If so, please explain below:

Section III – Supplementary Information

1. Have you ever been convicted of a traffic violation? **Yes** ☐ **No** ☐
If so, when? _____ What was the offense? _____
Location of the offense? _____ More than once? _____
2. Have you ever been licensed in any other state? **Yes** ☐ **No** ☐
If so, what state? _____ For how long? _____
3. Did you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state? **Yes** ☐ **No** ☐ If so, where and when? _____
Give last date _____ Have you been licensed since that time? _____
If yes, give date last license was issued _____
4. Are there any proceedings now pending against you relative to any crime, misdemeanors, or violations? **Yes** ☐ **No** ☐ If so, give particulars _____

5. Have you ever been addicted to drugs and/or alcohol? **Yes** ☐ **No** ☐
If so, are you in total abstinence? **Yes** ☐ **No** ☐
6. Have you ever sought treatment for alcohol or drug abuse? **Yes** ☐ **No** ☐
If so, when? _____

7. Have you fully complied in every respect with the Rules and Regulations governing Driver Improvement Instructors? **Yes** ☐ **No** ☐
8. List the names and address of those who own the clinic, individuals, partnerships or principal stockholders of a corporation. (Any individual listed in this section must answer the questions in **Sections II & III** on an additional sheet of paper and attach it along with the required fingerprint cards and photographs.

THIS AFFIDAVIT IS TO BE SIGNED BY THE OWNER AND/OR EACH PARTNER (IF PARTNERSHIP), OR THE PRESIDENT OF THE CORPORATION. (Make copies of this page if needed)

I hereby certify as follows:

- (a) That I am a person(s) of good moral character, at least 21 years of age; and that neither our clinic employees nor myself are mentally incompetent;
- (b) That each student will be informed, prior to the time instructions start, of the nature and amount of any and all fees or charges made for enrollment or registration, tests, and reference materials, and any other service, equipment, or materials provided by the clinic;
- (c) That the theoretical instruction in the clinic will be the material approved by the Department of Motor Vehicle Safety;
- (d) The Driver Improvement Clinic complies with the requirements set forth by the Americans with Disabilities Act of 1990.
- (e) Neither myself as an owner, operator, instructor or employee of a state approved Driver Improvement Clinic nor my spouse, dependent child, dependent stepchild, or dependent adopted child are employed by the Georgia Department of Motor Vehicle Safety; (Rule 375-5-.03)
- (f) Neither myself as an owner, operator, instructor or employee of a state approved Driver Improvement Clinic nor my spouse, dependent child, dependent stepchild, or dependent adopted child are a judge, probation employee, law enforcement officer, or employee of the court. (Rule 375-5-.03)

AFFIDAVIT

STATE OF GEORGIA

COUNTY OF _____

The undersigned being duly sworn says; I am the owner, partner, member of the firm or officer of said corporation or association, applying for a Driver Improvement Clinic License in accordance with the provisions of the Act effective October 15, 1978 and any amendments thereafter, for the purpose of instructing person in Driver Improvement Clinics; and the answers to the foregoing questions are complete and the statements contained in this application are true.

(Signature in Full)

State whether individual owner, partner, member of firm, or owner or officer of a corporation or association. *

Sworn to before me this _____ day of _____, 200 ____.

Notary

Seal Required

Commission Expiration

* If more than one owner, provide affidavit for each owner.



Georgia Department of Motor Vehicle Safety

2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

CONSENT FOR BACKGROUND INVESTIGATION

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include all zeros)	Issue date (Exam date)	State (GA License Required)	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: _____

Return form to the Regulatory Compliance Section

SURETY BOND FOR DRIVER IMPROVEMENT CLINIC

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Full Name of Driver Improvement Clinic Including The Full Legal Name and any D/B/A Name)

as Principal, and _____

(Full Name of Insurance Company)

a corporation organized and existing under the laws of the State of _____

(State Insurance Company is Domiciled in)

and authorized to do business in the State of Georgia, as Surety, are hereby held and firmly bound unto the State of Georgia, for the use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TWO THOUSAND FIVE HUNDRED (\$2,500) DOLLARS lawful money of the United State of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

Term coverage effective beginning _____, 20_____ and ending on _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above-mentioned Principal has made application to the DEPARTMENT OF MOTOR VEHICLE SAFETY for a license operate a DRIVER IMPROVEMENT CLINIC under the provisions as set out in Georgia Law O.C.G.A. 40-5-80; representing by said application and by these presents, that all the statements set forth in said application to the DEPARTMENT OF MOTOR VEHICLE SAFETY, and that all of the written evidence or other probative matter filed with the said DEPARTMENT OF MOTOR VEHICLE SAFETY in connection with such application, are true; and obligation itself and its agents to faithful compliance with all provision of said Georgia Law O.C.G.A. 40-5-80 as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF MOTOR VEHICLE SAFETY and specifically with Georgia Law O.C.G.A. 40-5-80, Paragraph (2), for the protection of the contractual rights of students who enter into the annexed contract with

(Name of Driver Improvement Clinic and Full Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representatives and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TWO THOUSAND FIVE HUNDRED (\$2,500) DOLLARS regardless of the number of claimants, and shall not be construed as individual liability.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, 20_____.

ATTEST;

Principal: _____

(Witness)

Owners Name: _____

CONTERSIGNED

OwnersSignature: _____

(Resident Agent of Georgia)

By _____

Attorney-in-Fact

Address of Resident Agent

Phone Number

Regulatory Compliance

Defensive Driving Clinic Hours of Operations

Clinic Number: _____

Clinic Name: _____

Clinic Location: _____

Hours of Operations (Monday – Friday):

Opening at _____ and Closing at _____

Lunch Hour (60 Minutes):

Beginning at _____ and Ending at _____

Planned Closures for 2003 (Month and Day)

Starting on _____ and Ending on _____

Starting on _____ and Ending on _____

Starting on _____ and Ending on _____

***** The Department must receive two week written notice of any closures*****

375-5-1-.10 (g) An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

375-5-1-.10 (j) Any driver improvement clinic which is to be closed on a weekday other than for federal or state holidays must give the Department written notice of the closure two weeks in advance. Confirmation of the receipt of the notice will be issued by the Department. The clinic is not relieved of its obligations to make records and documents available for inspection unless it has received confirmation of receipt of the notice of proposed closure from the Department.

Hours of Operations Certified By: _____

(Signature of Clinic Owner)

Complete for each location and fax to (678) 413-8735